

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/622089</div>	FILING DATE				
							APPLICANT(S)					
<div style="font-size: 1.1em;">6-21-06 CLAIMS</div> <div style="font-size: 1.1em; float: right;">6/21/06</div>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51	1				
2		1		1		1	52					
3		2		2		2	53					
4		2		2		2	54					
5		2		2		2	55					
6		2		2		2	56					
7		2		2		2	57					
8		2		2		2	58					
9		1		1		1	59					
10		1		1		1	60					
11		1		1		1	61					
12		1		1		1	62					
13		1		1		1	63					
14		1		1		1	64					
15						2	65					
16						2	66					
17							67					
18						1	68					
19						2	69					
20						2	70					
21						2	71					
22						2	72					
23						2	73					
24						2	74					
25						1	75					
26						1	76					
27						1	77					
28						1	78					
29						1	79					
30						1	80					
31						2	81					
32						2	82					
33							83					
34						1	84					
35						2	85					
36						2	86					
37						2	87					
38						2	88					
39						2	89					
40						2	90					
41						1	91					
42						1	92					
43						1	93					
44						1	94					
45						1	95					
46						1	96					
47						2	97					
48						2	98					
49						1	99					
50						1	100					
TOTAL IND.	1	1	1	1			TOTAL IND.	3	1	1	1	
TOTAL DEP.	17	17	17	17			TOTAL DEP.	69	1	1	1	
TOTAL CLAIMS	18	18	18	18			TOTAL CLAIMS	72				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS